

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-025899

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE  
ON THIS STUD

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

6278

STATE FILE NUMBER

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN **St. Louis, Mo.**

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE **Missouri** b. COUNTY

c. CITY  
OR  
TOWN **St. Louis.**

Inside Limits  
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION **Enroute City Hospital**

Inside Limits  
Yes ☒ No ☐

d. STREET  
ADDRESS **7609 So. Broadway**

Reside on Farm  
Yes ☐ No ☒

## 3. NAME OF DECEASED

First

**William**

Middle

**Edward**

Last

**Gillam**

4. DATE  
OF  
DEATH

Month Day Year  
**June 12, 1963**

## 5. SEX

**Male**

## 6. COLOR OR RACE

**White**

## 7. Married

☐ Never Married ☒ Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

**1/25/1884**

## 9. AGE (last birthday)

**79**

## 10. IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

**Maintenance Man**

10b. KIND OF BUSINESS OR INDUSTRY

**Bus Co.**

11. BIRTHPLACE (City and state or country)

**Quaker, Mo.**

12. CITIZEN OF WHAT COUNTRY

**U.S.A.**

## 13a. FATHER'S NAME

**Daniel Turner**

## 13b. MOTHER'S MAIDEN NAME

**Ellan Graves**

## 14. NAME OF HUSBAND OR WIFE

**Nil.**

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)  
**No.**

## 16. SOCIAL SECURITY NO.

**Nil.**

## 17. INFORMANT

**Willard Gillam, Leadwood, Mo.**

## 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

### PART I. DEATH WAS CAUSED BY:

#### IMMEDIATE CAUSE (a)

**Cerebral Hemorrhage.**

INTERVAL BETWEEN  
ONSET AND DEATH

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

#### DUE TO (b)

**Generalized Arterio Sclerosis.**

#### DUE TO (c)

**331 X**

### PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

### PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

## 20a. ACCIDENT

☐

## SUICIDE

☐

## HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour s.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

to

and last saw her him alive on

Death occurred at

**10:00 A**

m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

**Paul J. Simon**

(Deputy or title)

**Deputy coroner**

## 22b. ADDRESS

**1300 Clark**

## 22c. DATE SIGNED

**6-13-63**

23a. BURIAL, CREMATION, REMOVAL (Specify)

## 23b. DATE

**6/14-63**

## 23c. NAME OF CEMETERY OR CREMATORY

**Leadwood Cemetery**

## 23d. LOCATION (City, town, or county)

**Leadwood, Mo.**

## 24. FUNERAL DIRECTOR

**Albert H. Hoppe Inc., 4700 Washington,**

ADDRESS

## 25. DATE RECD. BY LOCAL REG.

**JUN 13 1963**

## 26. REGISTRAR'S SIGNATURE

**Paul Smith M.D.**

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

ITEM NO.

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_ Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed \_\_\_\_\_

*Stanley P. Nelson*

Licensed Embalmer No. \_\_\_\_\_

*493*

P. O. Address \_\_\_\_\_

*St Louis, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.